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| POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM | Application Number | 10/673,301 |
| | Filing Date | 09/29/2003 |
| | First Named Inventor | Frank Leyshon |
| | Title | TABLET CRUSHER |
| | Art Unit | 3725 |
| | Examiner Name | |
| | Attorney Docket Number | 383130-12 |

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

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OR

☐ Practitioner(s) named below:

| Name | Registration Number |
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| Telephone | Fax | | |

I am the:

☐ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/06)

SIGNATURE of Applicant or Assignee of Record

| | | |
|-------------------|--|------------------------|
| Signature | Date | |
| Name | Frank Leyshon | 12/30/04 |
| Title and Company | VP of Engineering, Leyshon Miller Industries, Inc. | Telephone 740-432-2169 |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ *Total of 2 forms are submitted.

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|---|----------------------|-----------------|
| POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM | Application Number | 100000000 |
| | Filing Date | 01/01/2004 |
| | First Named Inventor | Frank Lagodon |
| | Title | TABLET CRUSHING |
| | Art Unit | 3725 |
| | Examiner Name | DAVID H. H. |

I hereby revoke all previous powers of attorney given in the above-identified application.

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I am the:

☐ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(a) is enclosed. (Form PTO/USPO)

SIGNATURE OF Applicant or Assignee of Record

| | | | |
|-------------------|---|-----------|--------------|
| Signature |  | Date | 12/17/04 |
| Name | Paul Hender | Telephone | 614 990 9100 |
| Title and Company | PRESIDENT, DORIAN AMES, INC. | | |

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Client/Matter No. 353130-12 Serial No. 10673301 Filing Date: 09/29/03
Applicant: Keyshon Client: Healthcare Logistics
Title: TABLET CRUSHER
THE MAIL ROOM STAMP BELOW ACKNOWLEDGES RECEIPT OF THE FOLLOWING DOCUMENTS ON
THE DATE INDICATED ON THE MAIL ROOM STAMP.

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